



2380 SOUTH EOLA SUITE 102
AURORA IL 60503
PHONE # 630-978-PEDS (7337)
FAX # 630-978-1341

**PATIENT REQUEST TO RECEIVE CONFIDENTIAL
COMMUNICATIONS OF PROTECTED HEALTH INFORMATION**

YOU MAY REQUEST THAT WE COMMUNICATE CONFIDENTIAL HEALTH
INFORMATION TO YOU BY ALTERNATE MEANS OR IN ALTERNATE
LOCATION.

PLEASE INDICATE YOUR REQUEST REGARDING OUR COMMUNICATION OF
PROTECTED HEALTH INFORMATION TO:

HOME# _____

- _____ OK TO LEAVE MESSAGE WITH DETAILED INFORMATION.
_____ LEAVE MESSAGE WITH CALL BACK NUMBER ONLY.
_____ PLEASE DO NOT LEAVE MESSAGES AT MY HOME NUMBER.

WORK# _____

- _____ OK TO LEAVE MESSAGE WITH DETAILED INFORMATION.
_____ LEAVE MESSAGE WITH CALL BACK NUMBER ONLY.
_____ PLEASE DO NOT LEAVE MESSAGES AT MY WORK NUMBER.

WRITTEN COMMUNICATIONS _____

- _____ OK TO SEND CONFIDENTIAL COMMUNICATIONS TO MY HOME ADDRESS.
_____ OK TO FAX CONFIDENTIAL COMMUNICATIONS TO THIS # _____
_____ PLEASE DO NOT SEND CONFIDENTIAL COMMUNICATIONS TO MY HOME
ADDRESS.

(Signature of Responsible Party)

(Date)

(PRINT NAME)